

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4054

CERTIFICATE OF DEATH

REGISTRAR'S NO. 155

BIRTH NO.

E OF DEATH
AND
RESIDENCE
0323

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 4 days 20 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Maricopa	
C. CITY OR TOWN Mesa		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Southside Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 808 N. 4th St.			

PRECEDENT
PERSONAL
DATA
184

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) EMMA			B. (MIDDLE) ALICE			C. (LAST) HINSHAW			4. SEX female		5. COLOR OR RACE cauc		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed				
6B. NAME OF SPOUSE			7. DATE OF BIRTH MONTH DAY YEAR OCT 10 1869		8. AGE (IN YEARS LAST BIRTHDAY) 84		9. IF UNDER 1 YEAR MONTHS DAYS		10. IF UNDER 24 HRS. HOURS MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife						
9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		11. CITIZEN OF WHAT COUNTRY? U S		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. No		14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Unk		15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unk	

754

16. INFORMANT'S SIGNATURE Mrs. Eilee Trimble Baker, Phoenix, Ariz.				17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 15, 1954			
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CAUSE OF DEATH
ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) OR (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ (A) <u>CARCINOMA OF COLON</u> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
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OPERATIONS, AUTOPSY

19A. DATE OF OPERATION 7-13-54		19B. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF COLON AT HEPATIC FLEXURAE WITH EROSION INTO DUODENUM</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>7-11</u> , 19 <u>54</u> , TO <u>7-15</u> , 19 <u>54</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>7-15</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>11:56 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
22A. SIGNATURE (DEGREE OR TITLE) <u>Edwin Kopp</u> M.D.					22B. ADDRESS Mesa, Ariz.			22C. DATE SIGNED 7/17/54	

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			23C. (CITY OR TOWN) (COUNTY) (STATE)		
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			23F. HOW DID INJURY OCCUR?		

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE				24B. ADDRESS				24C. DATE SIGNED			
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GENERAL DIRECTOR AND REGISTRAR
33
2
720

25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE 7/18/54		25C. NAME OF CEMETERY OR CREMATORY Brighton Cemetery			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Brighton, Colo.		
26A. DATE REC. BY LOCAL REG. 7-18-54		26B. REGISTRAR'S SIGNATURE R. M. Deibel Defo.			27A. FUNERAL DIRECTOR'S SIGNATURE CARRINGTON		27B. ADDRESS TEMPE, ARIZ.		